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Apr 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000033777 (0)

1. Corporation Name  
JANNY'S STYLES, INC.



Principal Place of Business: 9999 PINES BLVD. PEMBROKE PINES FL 33025  
Mailing Address: 9999 PINES BLVD. PEMBROKE PINES FL 33024-6139

3. Date Incorporated or Qualified: 05/01/1995  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
21. Suite, Apt #, etc.  
22. City & State  
23. Zip Country  
24. Zip Country

4. FEI Number: 65-0614680  
Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent  
QUIROZ, FAUSTO R  
9821 SW 2ND ST.  
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Table with 6 rows for Officers and Directors. Each row includes fields for Title, Name, Street Address, and City-St-Zip, with a 'DELETE' checkbox.

Table with 6 rows for Additions/Changes to Officers and Directors. Each row includes fields for Title, Name, Street Address, and City-St-Zip, with 'Change' and 'Addition' checkboxes.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementary biennial report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 3-31-97 450-8909  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
0133363

CR2E034 (9/96)